

Name in Full

Certificate of Death

Lillian Carmean

Town

County

Died at

Levobin

Harcourt

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

05- May 25-

Age

2

7

Harcourt

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

John Bryden

Florence Carmean

Cause of

Primary

Death

Immediate

~~Unknown~~  
Scarlet Fever

How long sick

Four days

Accident, Suicide, Homicide

Reported by

John Bryden

Address

Levobin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lottie Carmean

Town

County

Died at

MARYLAND

Date 1907- May 27 | Month Day | Age 5-1 | Y. M. D. | Native of Worcester | Occupation  
~~Male~~ White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Nine days

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

*Amanda W. Collins*

CERTIFICATE OF DEATH

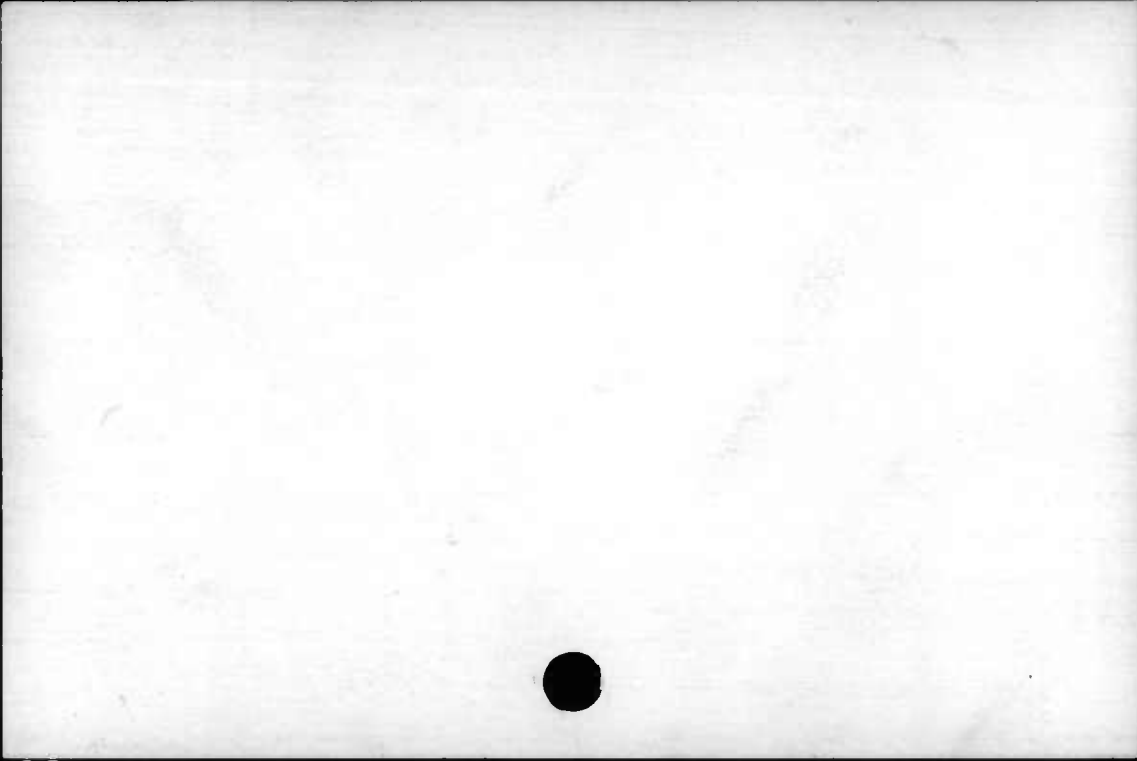
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stockton</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>4</i>	Age <i>32</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation	Where Residing if not at place of death				
Married, <i>—</i>	Husband <i>Charles S. Collins</i>				
Father's Name <i>Wilmer Hancock</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Martha A Bonville</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Wm J Hill</i>	How related to deceased <i>mn</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Child Birth</i>	How long <i>1 day</i>
Immediate <i>Eclampsia</i>	How long <i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Dickerson</i>
<i>J</i>	Address <i>Stockton Worcester Co Md</i>
Accident or Suicide?	



Name  
in  
Full

Arster &amp; Cropper

## CERTIFICATE OF DEATH

Died at *Berlin* TownCounty *Worcester*

MARYLAND

Date  
of death 1905Month *11*Day *3*

Age

Years *71*Months *—*Days *—*

Sex

*Female*Color or  
Race*White*Birth-  
place

Occupation

*House wife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Charles Cropper*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*J. E. Wise*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Senile Pneumonia*

How long

*10 days*

Immediate

*Exhaustion*

How long

*x*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician

Address

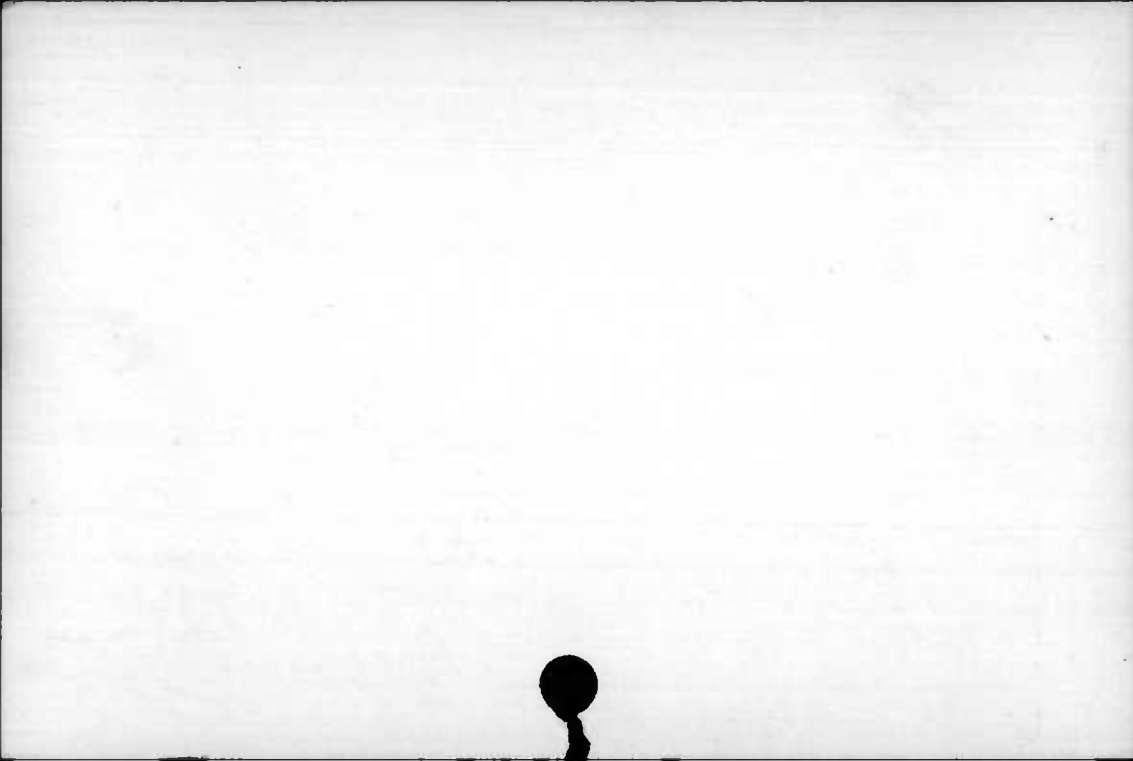
*J. P. Henry.**Berlin*

Accident or Suicide?

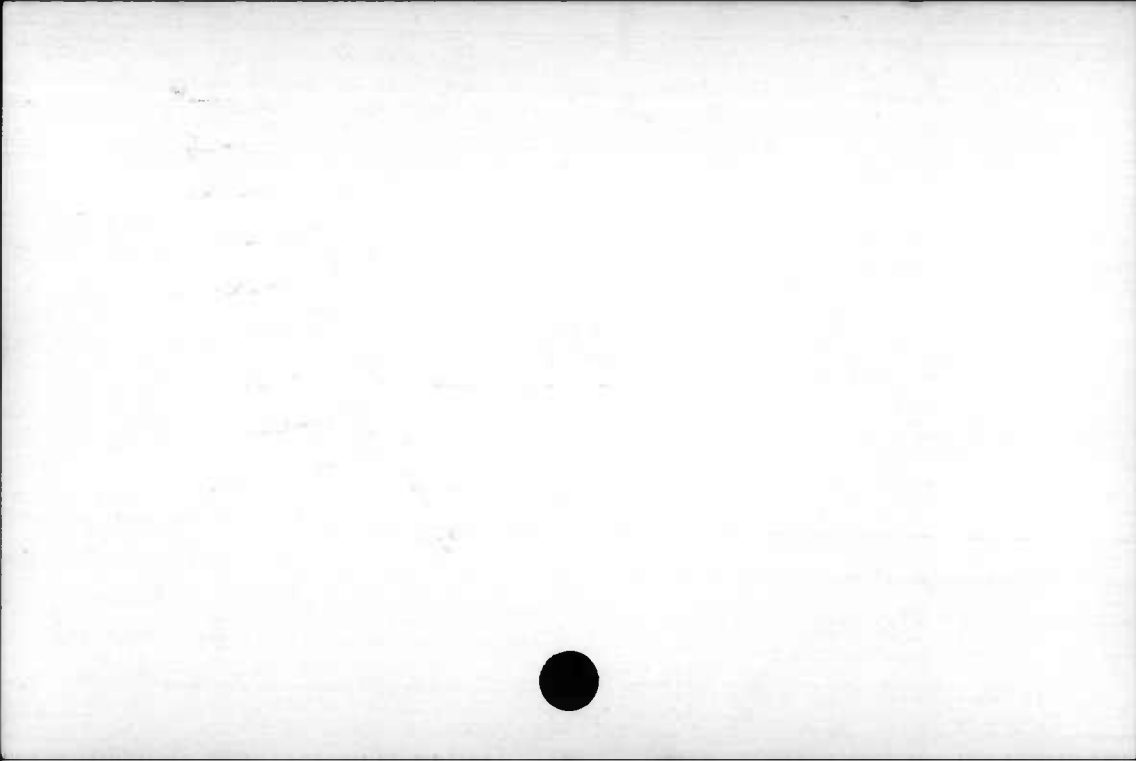
*Ind*

LIBRARY BUREAU 433615

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Raymond Sashieell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town New Pocomoke City		County Worcester		MARYLAND	
	Date of death	1905	Month May	Day 14	Years 25	Months	Days
	Sex	Male		Color or Race Colored		Birth-place Somerset Co Md	
	Occupation	Mill hand			Where Residing if not at place of death —		
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Dont know				Father's Birthplace —	
	Mother's Maiden Name	Dont know				Mother's Birthplace —	
Name of person giving information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<input checked="" type="checkbox"/>			How long	
	Immediate		Struck by a train			How long At once	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician R. LaHalle		Address Pocomoke City Md	
				Address			
	Accident or Suicide?			Accident			



Name  
in  
Full

*Suffie Dickerson 5-24/VIII*

CERTIFICATE OF DEATH

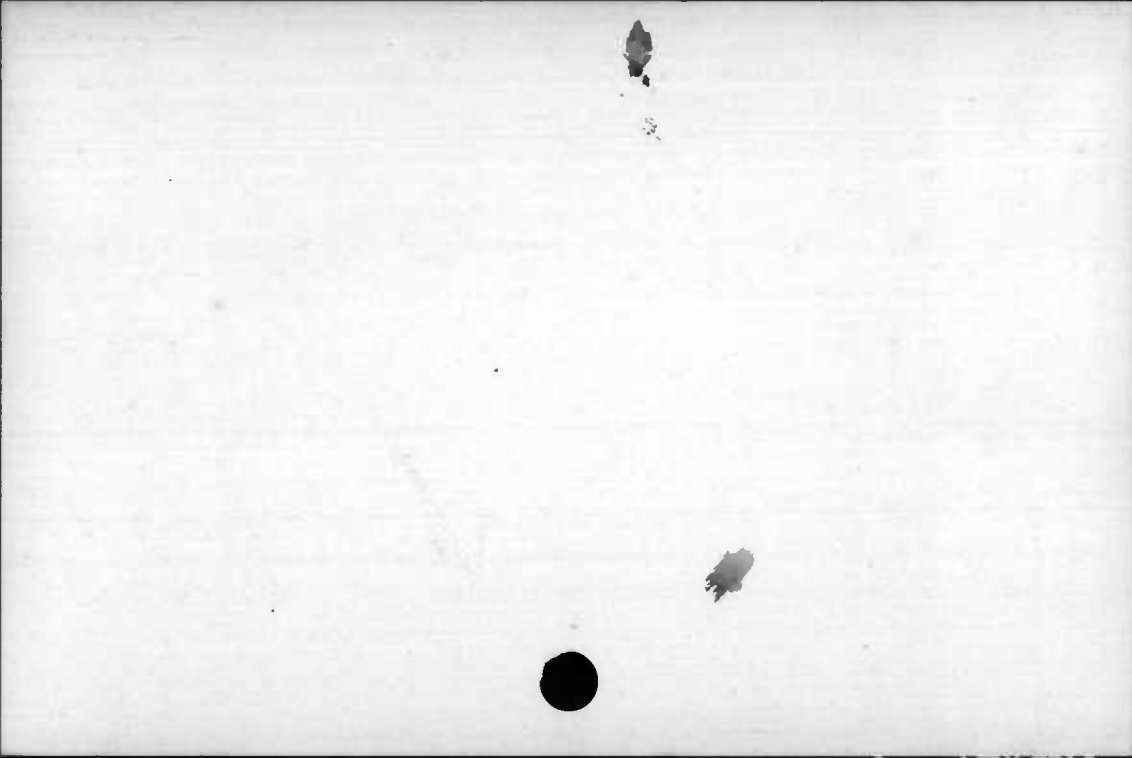
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month <i>5</i>	Day <i>24</i>	Years <i>64</i>	Months _____		Days _____
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Id</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isaac Dickerson</i>					
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>E. Hudson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>		How long <i>2 weeks</i>
Immediate _____		How long _____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Physician</i>
		Address _____
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

*William D. Dennis 5-20/14*

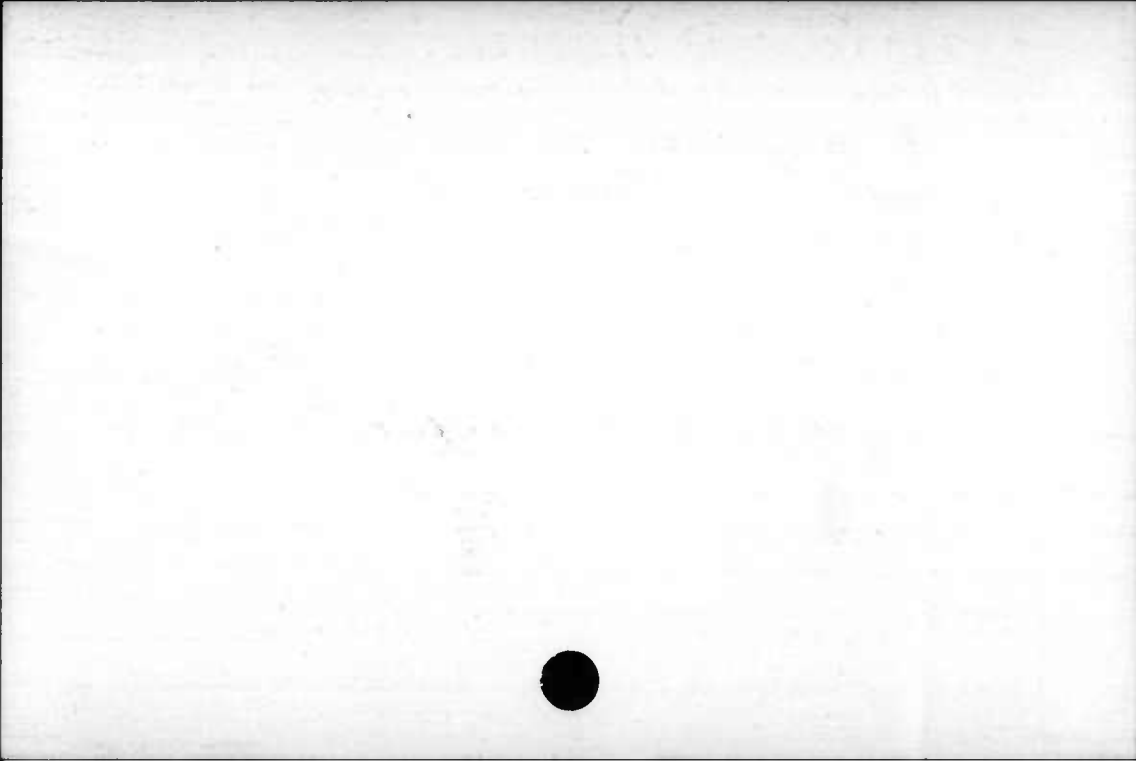
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pennock City -</i>		Town <i>Pennock City -</i>		County <i>Warren</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>20</i>	Age	Years	Months <i>1</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Warren</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Pennock City</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>William Dennis</i>						
Father's Name <i>William Dennis</i>	Father's Birthplace <i>Warren</i>						
Mother's Maiden Name <i>Heater Schreffel</i>	Mother's Birthplace <i>Warren</i>						
Name of person giving information <i>William Schreffel</i>	How related to deceased <i>Walter</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asphy</i>	How long <i>3 days</i>
Immediate	How long <i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None</i>
	Address <i>None</i>
Accident or Suicide?	



Name  
in  
Full

Nancy Jarman

## CERTIFICATE OF DEATH

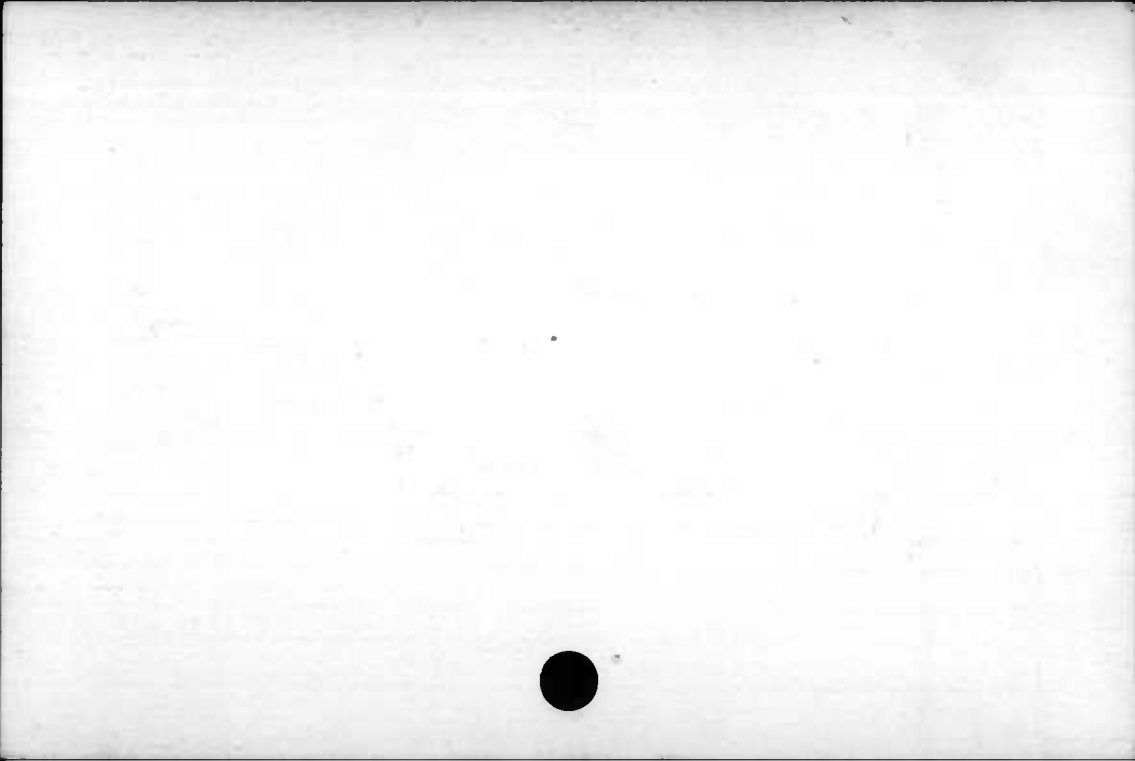
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>5-</i>	Day <i>6-</i>	Age <i>24</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation <i>Servant-</i>			Where residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Mr. Jarman</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Grace Jarman</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Grace Jarman</i>			How related to deceased <i>Bro</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Consumption</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Physician <i>Dr. Lewis Dencham</i>
	Address <i>Berlin Ind</i>
Accident or Suicide? <i>..</i>	



Name  
in  
Full

Sarah Jewell

## CERTIFICATE OF DEATH

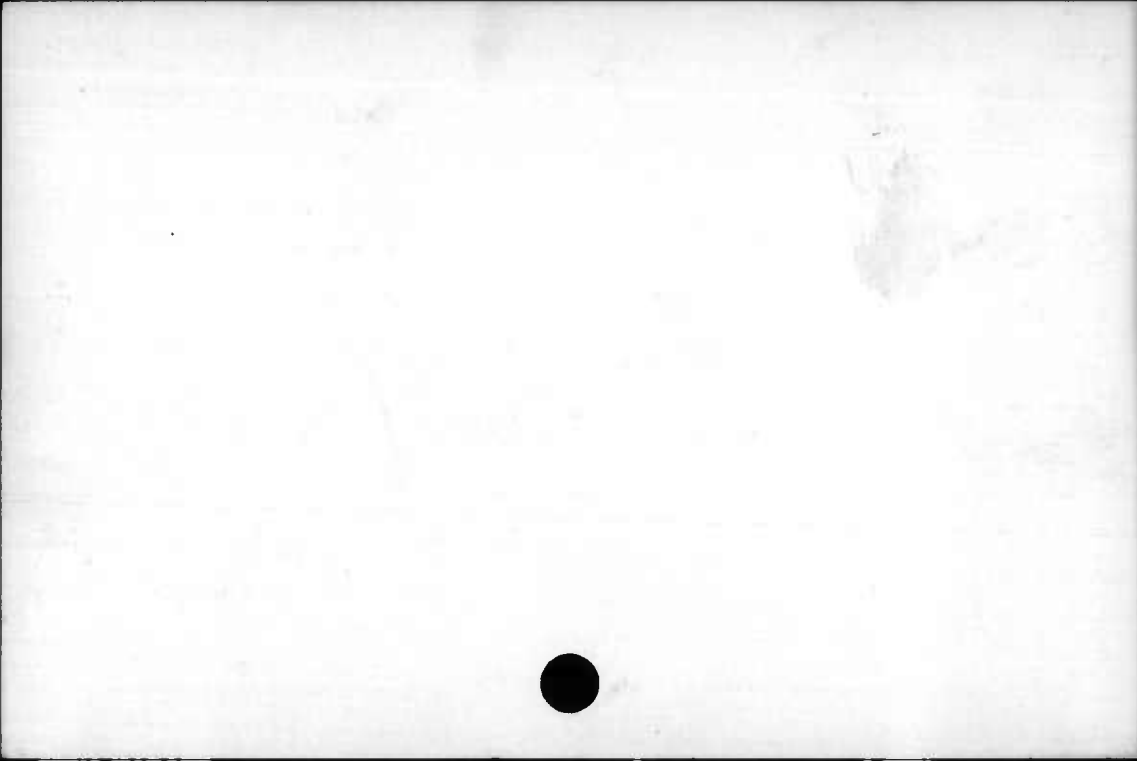
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pocomoke</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1905</u> Month <u>May</u> Day <u>26</u> Age <u>63</u> Years Months <u>2</u> Days <u>1</u>	Sex <u>Female</u> Color or Race <u>White</u>		Birth-place <u>Pennsylvania</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>At Place of death</u>			
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Thomas Jewell</u>				
Father's Name <u>A Henderson</u>	Father's Birthplace <u>Pennsylvania</u>		Mother's Birthplace <u>Pennsylvania</u>		
Mother's Maiden Name <u>H H Horack</u>	Name of person giving Information <u>Miss Elizabeth Horack</u>		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer</u>	How long <u>2 years</u>
Immediate <u>Failure of Vital forces</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Isaac J Coatsworth</u>
<u>J</u>	Address <u>Pocomoke City Md</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Dinsmore Kenard,  
 Town Giddletown County Worcester MARYLAND

Died at Giddletown

Date 1905 5 28 Age 0. 5. 13. Native of Md Occupation

Male White Married Widowed Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Waldo Kenard Mother's Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary Basilar Meningitis  
 Immediate Convulsions; 18 hours.

How long sick Since Birth  
~~Accident, Suicide, Homicide~~

Reported by C. B. Burman, M.D.  
 Address Giddletown Worcester Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

humanoid Long

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Prairieville Town

County

MissouriDate of death 190 5 Month 5

Day

13

Age

Years

-

Months

Days

- few hoursSex femaleColor or  
RacecoloredBirth-  
placePrairieville

Occupation

-Where Residing if not  
at place of death-Married, Single  
or ~~Widowed~~Name of Wife or  
HusbandFather's  
NameMrs C. LongFather's  
Birthplaceind.Mother's  
Maiden NameMargaret QuinnMother's  
Birthplaceind.Name of person giving  
Information-How related  
to deceased-

## CAUSES OF DEATH

Primary

premature birth

How long

151

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianH. N. Willis

Address

Prairieville ind.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

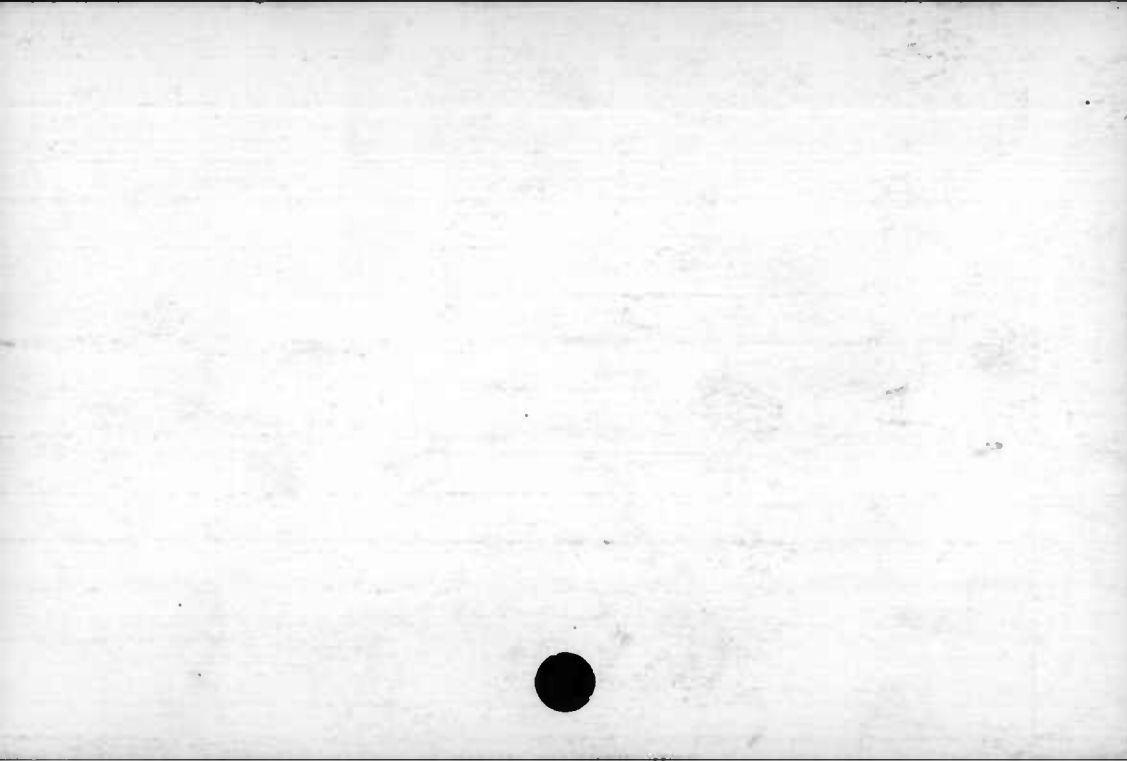
MARYLAND

Died at <sup>Town</sup> *Pocomoke City* <sup>County</sup> *Worcester*Date of death <sup>Month</sup> *May* <sup>Day</sup> *20* <sup>Years</sup> *76* <sup>Months</sup> *0* <sup>Days</sup> *0*Sex *Male* Color or Race *Colored* Birth-place *Worcester Co*Occupation *Laborn* Where Residing if not at place of death *Pocomoke City*Married, Single or Widowed *Married* Name of Wife or Husband *Emily Merrice*Father's Name *Elby Marshall* Father's Birthplace *Worcester Co*Mother's Maiden Name *Mary* Mother's Birthplace *"*Name of person giving information *Ed Marshall* How related to deceased *Son*

## CAUSES OF DEATH

Primary *apoplexy* How long *20 hours*  
Immediate *Paralysis*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Samuel S. Quinn*Address *Pocomoke City MD*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

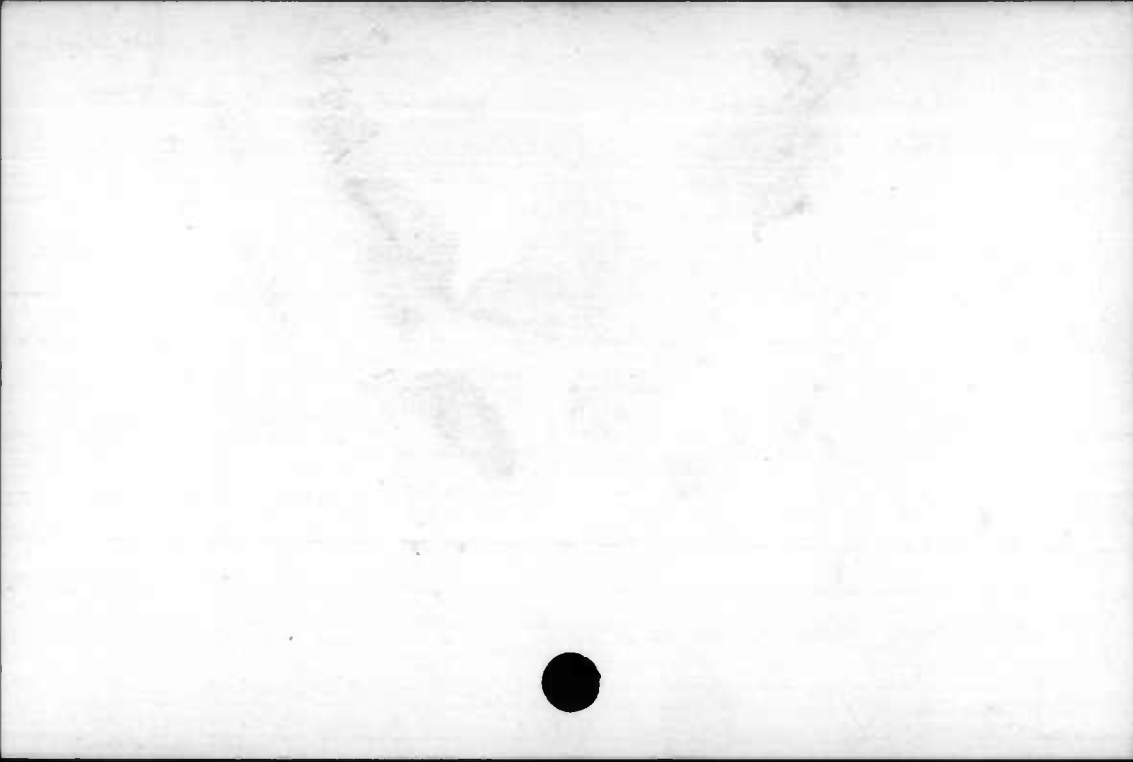
MARYLAND

Died at <u>Stockton</u> <small>Town</small>		<u>Worcester</u> <small>County</small>			
Date of death <u>1900</u>	Month <u>May</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birthplace <u>Stockton Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u>			
Father's Name <u>Jacob Mason</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Oceana Rowley</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Jacob Mason</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still Born S.</u>	How long	<u>—</u>
Immediate		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. D. Dickerson</u>
		Address	<u>Stockton Worcester &amp; Md</u>
Accident or Suicide?	<u>Q</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

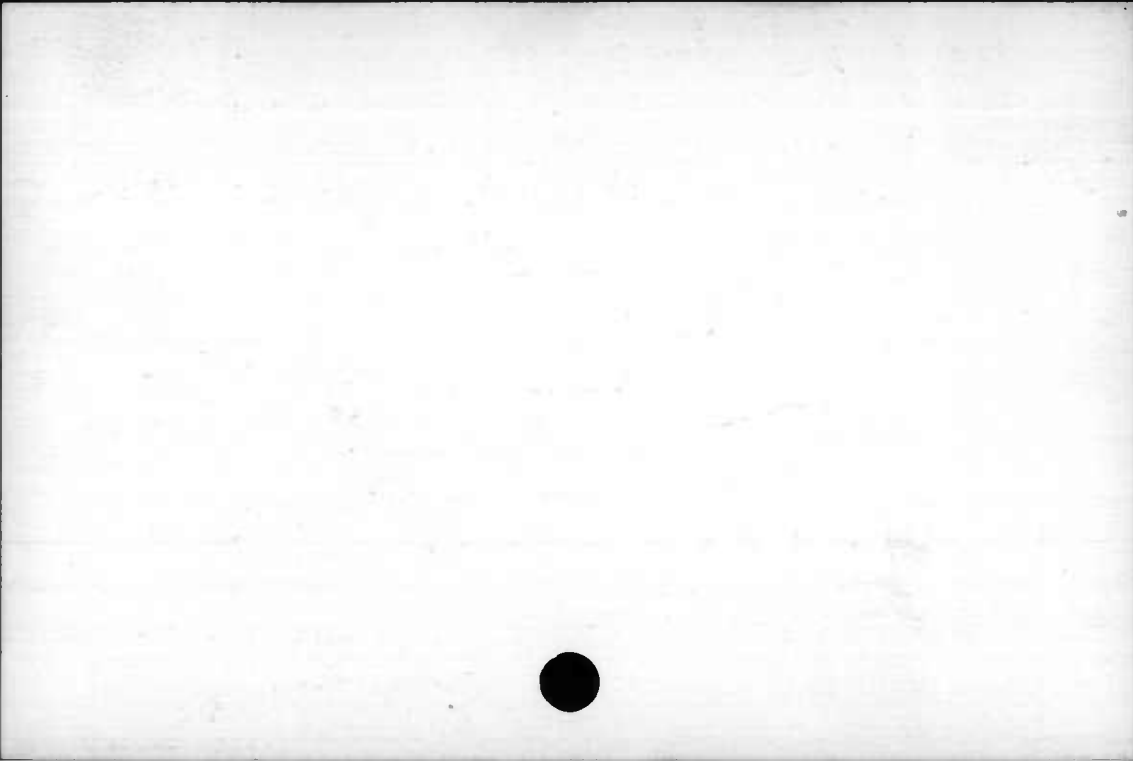
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Chauncey Parker Selby</i>		Town <i>Stockton</i>		County <i>Hockessin</i>		MARYLAND	
Died at <i>Stockton</i>							
Date of death <i>1905</i>		Month <i>May</i>	Day <i>16</i>	Age <i>4</i>	Years <i>5</i>	Months <i>14</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Stockton</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Geo P Selby</i>				Father's Birthplace <i>Stockton, Md</i>			
Mother's Maiden Name <i>Sarah Ward</i>				Mother's Birthplace <i>Shelburne, Md</i>			
Name of person giving information <i>Father G. P. Selby</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>16 days</i>
Immediate <i>Cardiac Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. B. [Signature]</i>
_____	Address <i>Stockton</i>
Accident or Suicide? _____	_____



Name  
in  
Full

## CERTIFICATE OF DEATH

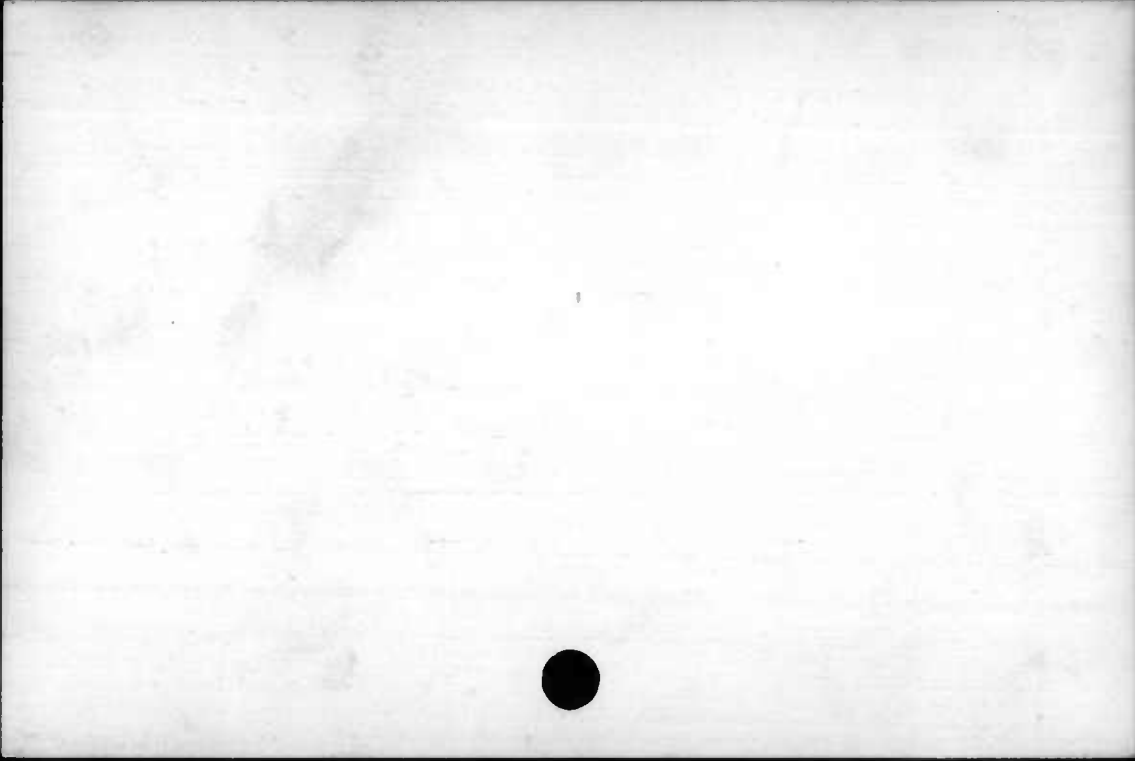
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Sarah P. Selby</b>		Town <b>Stockton</b>		County <b>Worcester</b>		MARYLAND	
Died at		Date of death		Age		Months	
		<b>1905 May Third</b>		<b>26</b>		<b>3</b>	
Sex <b>Female</b>		Color or Race <b>Yellow</b>		Birth-place <b>Girtle tree</b>		Days <b>2</b>	
Occupation <b>H. W. Co.</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>George P. Selby</b>					
Father's Name <b>John Ward</b>		Father's Birthplace <b>Stockton</b>					
Mother's Maiden Name <b>Elen Ward</b>		Mother's Birthplace <b>Stockton</b>					
Name of person giving information <b>Amos Elen</b>		How related to deceased <b>none</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Consumption</b>		How long <b>76 days</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Charles H. Bonum</b>	
		Address <b>Girtle tree</b>	
Accident or Suicide? <b>No</b>			



Name  
in  
Full

Charles Spencer

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Berlin<sup>County</sup> Worcester

MARYLAND

Date  
of death 1905Month  
5Day  
5

Age

Years  
60

Months

Days

Sex Male

Color or  
Race

Blk

Birth-  
place

Ind

Occupation

Brick Mason

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

Alfred Smack

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Peritonitis

How long

4 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

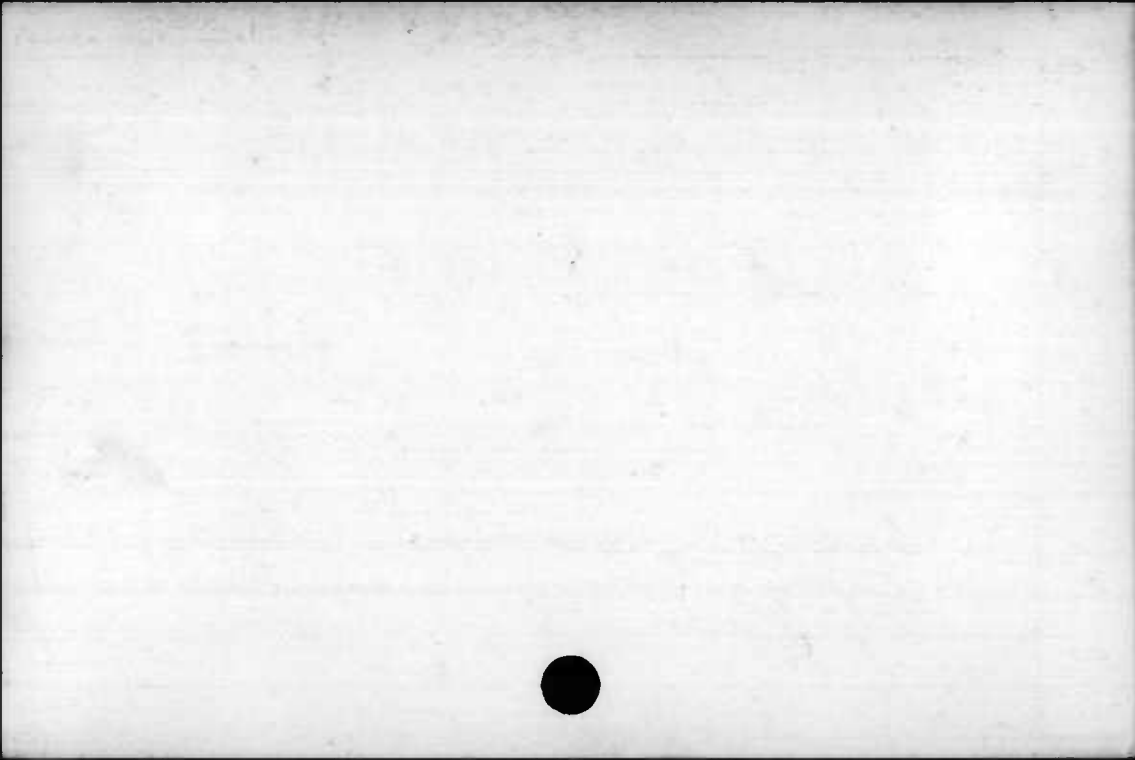
J. P. Henry

Berlin

Accident or Suicide?

Ind

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name In Full *Rosetta Tarr*  
 Died at *Giddletown* Town *Winchester* County *MARYLAND*  
 Date 19 *05* Month *5* Day *30* Age *66* Y. M. D. Native of *Ind* Occupation *Polang*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of *Gilmer T. Tarr*  
 Wife *Gilmer T. Tarr*  
 Father's Name *William Towel* Mother's Maiden Name *Elizabeth Towel*  
 Cause of Death Primary *Cerebral Hemorrhage* How long sick *22 hours*  
 Immediate ☒ Accident, Suicide, Homicide *64*

Reported by *C. H. Bennum*  
 Address *Giddletown Winchester, Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Luther P. Vincent

## CERTIFICATE OF DEATH

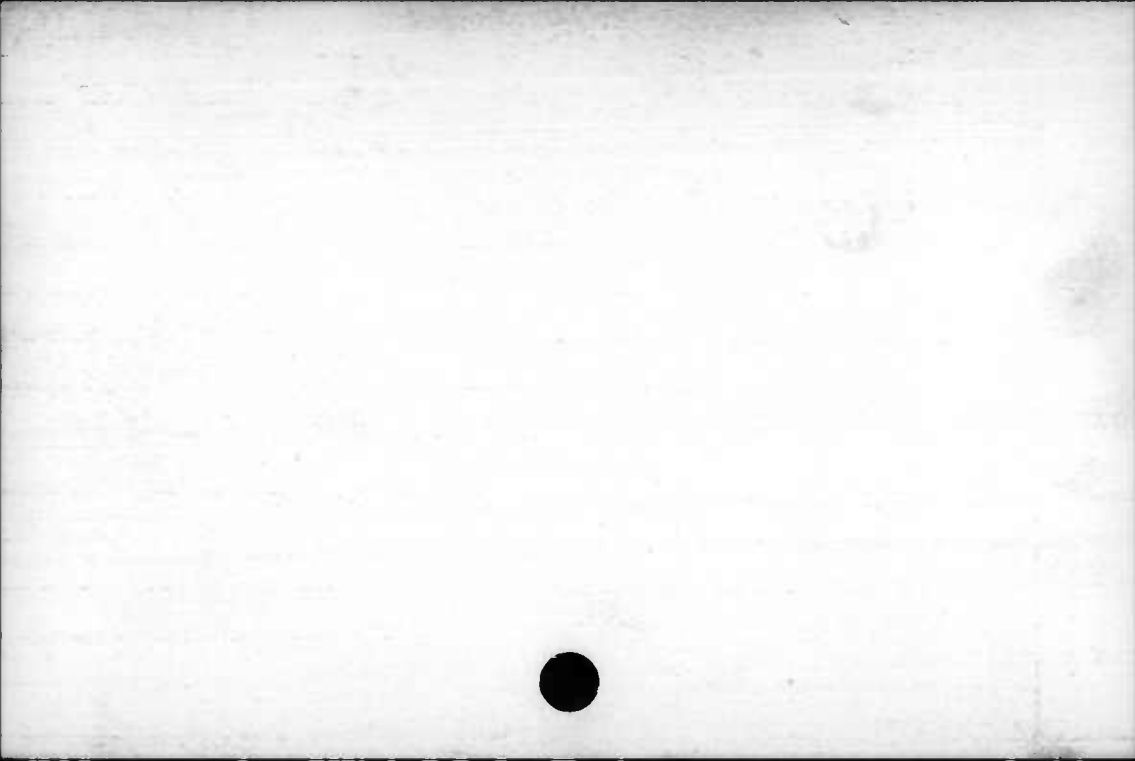
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pocomoke		County Worcester		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		5	31	—	—	3	14
Sex		Color or Race		Birth-place			
male		white		Pocomoke			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
J. Frank Vincent				Md.			
Mother's Maiden Name				Mother's Birthplace			
Alice Dixon				Md.			
Name of person giving information				How related to deceased			
J. Frank Vincent				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Morassurus	How long	since birth
Immediate	General Exhaustion	How long	several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. N. Willis	
		Address	
		Pocomoke City	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

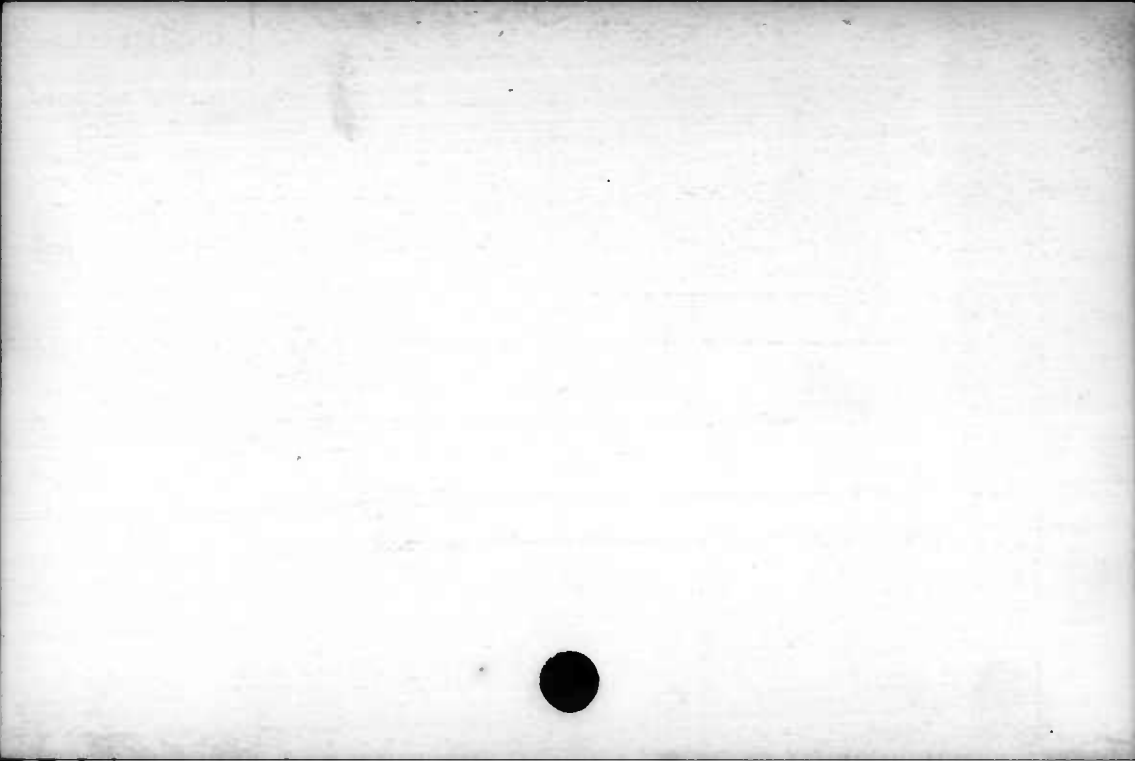
Died at *Stockton* <sup>Town</sup>County *Worcester*Date of death *1905* <sup>Month</sup> *May*Day *24*Age *0* <sup>Years</sup>Months *0*Days *0*Sex *Male*Color or *colored*Birth-place *Stockton Md*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *7*Name of Wife or  
Husband *—*Father's  
Name *John Ward*Father's  
Birthplace *Md*Mother's  
Maiden Name *Emma Kelly*Mother's  
Birthplace *Md*Name of person giving  
In formation *Father John Ward*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Still Born*How long *0*

Immediate

How long *0*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *John D. Dickerson*Address *Stockton*Accident or Suicide? *9**Worcester Co. Md*



Minus West-

5/28/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Ironsbridge</i>		County <i>Worcester</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>5</i>	Day <i>28</i>	Age <i>80</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Jenkins Willis</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>3 Weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mr Physician</i>
	Address
Accident or Suicide?	

